
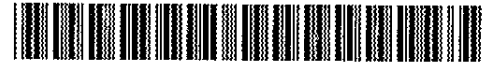


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V04153</b> 1. Entity Name INVESTMENT MANAGEMENT ASSOCIATES, INC.	
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Principal Place of Business 1575 SAN IGNACIO SUITE 100 CORAL GABLES, FL 33146	Mailing Address 1575 SAN IGNACIO SUITE 100 CORAL GABLES, FL 33146
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**DO NOT WRITE IN THIS SPACE**

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0304382	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  GOLDMAN, MATT D ESQ. 1450 MADRUGA AVE., STE. 203 CORAL GABLES, FL 33146
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**


9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SHEPPARD, RALPH 1575 SAN IGNACIO CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS BAUMGARD, DANIEL 1575 SAN IGNACIO CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000005918  
01/16/04-80012-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **RALPH SHEPPARD, PRESIDENT 12/30/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #